

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/529549
APPLICANT

FILING DATE

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2					
4	2					
5	3					
6	3					
7	4					
8	5					
9	5					
10	6					
11	6					
12	7					
13	6					
14	13					
15	13					
16	1					
17		1		1		
18		1		1		
19	2			1		
20	2			1		
21	11					
22	11					
23	11					
24	11					
25	11					
26	11			1		
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49						
50						
TOTAL IND.		2		2		
TOTAL DEP.	24		24		24	
TOTAL CLAIMS	26		26		26	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		2		2		
TOTAL DEP.	24		24		24	
TOTAL CLAIMS	26		26		26	